Appendix 2





Veterinary Confirmation of Neutering Status

Confirmation that an XL Bully Type dog has been neutered or is exempt from neutering.

# Section 1: Dog Owner to Complete

Use BLOCK CAPITALS. All fields are mandatory unless stated otherwise.

# Details of Dog

**Dog’s name**

**Microchip number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Colour of dog**

**Date of birth of dog (estimate the date if it is not known)**

**Sex of dog**

Enter male or female.

# Details of Owner

**Name of owner**

**Email address of owner (optional)**

Enter an email address if you have one.

**Address of owner**

**Eircode**

**Contact telephone number of owner**

**Signature of owner**

**Date**

#

# Section 2: Veterinary Surgeon Declaration

The Veterinary Surgeon/Practitioner should complete Section 2 and delete Part A or B as appropriate.

**Dog’s Name**

**Microchip number**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*Date of neutering**

**\*Date of confirmation that the dog was previously neutered**

*\*Delete as appropriate*

**(A) \*Veterinary Surgeon/Practitioner Neutering Declaration**

I hereby confirm that the dog identified on this form has been neutered through castration in the case of a male dog, or through spaying in the case of a female dog.

I hereby confirm that the microchip number of the dog that has been neutered matches the microchip number on this form.

**(B) \*Veterinary Surgeon/Practitioner Exemption from Neutering Declaration**

I hereby certify that in my opinion the dog identified on this form should not be neutered for the following Medical Reason(s):

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Examples of Medical Reasons where surgical neutering may be contra-indicated:

1. Previous unexplained excessive surgical haemorrhage.
2. Cardio-pulmonary compromise
3. Other medical reasons(s) (Briefly outline above)

*\*Delete as appropriate*

**Name of Veterinary Surgeon/Practitioner**

**VCI Registration Number**

**Veterinary Practice Name & Address**

**Veterinary Practice stamp**

**Signature of Veterinary Surgeon/Practitioner**

**Date**